Tier 1: Needs can be met within universal services available to all children.

Main audience: Class teachers, support staff, behaviour lead, SENDCo, parents/carers

Behaviours seen

Behaviours are likely to be low frequency and/or low intensity. You may see:

- ☐ Avoiding work
- ☐ Destroying own or others' work/equipment
- ☐ Struggle to finish or care about work
- ☐ Struggle to cope with challenge/new work
- ☐ Occasional temper outbursts, inappropriate to age
- ☐ Being the class clown
- ☐ Refusal to co-operate
- ☐ Smiling/smirking particularly when challenged
- ☐ Seems to always get it wrong
- ☐ No sense of rules/routines
- ☐ Isolated/on the periphery
- ☐ Last one chosen
- ☐ Withdrawn, disinterested
- ☐ Little or no enthusiasm
- ☐ Blame others
- ☐ Playground incidents
- ☐ Bullying
- ☐ Language and/or behaviour inappropriate to age
- ☐ Short periods of emotional distress but appropriate to the age group
- ☐ Needs to fiddle
- ☐ Twitching of legs/arms
- ☐ Finds it hard to trust
- ☐ Will tell lies/their truth
- ☐ Changes the subject
- ☐ Inattentive
- ☐ Defensive
- ☐ Occasional aggressive behaviour
- ☐ Constant need for reassurance
- ☐ Tells tales
- ☐ Finds it hard to make friends
- ☐ Demand avoidance

Child may feel

bored	frustrated	angry	stupid	overwhelmed	ignored	upset
anxious	confused	a failure	let down	unjustly blamed	jealous	lonely
scared	insecure	unwanted	betrayed	miserable	depressed	sad
	embarrassed	out of place	they are not emotionally safe			

Good Practice

- ☐ Talk to the child, staff members and parents/carers to understand the likely causes of the behaviour, inside and outside of school
- ☐ What is the unmet need – what does the child want, what are they trying to avoid?
- ☐ Share worries and problem solve at staff meetings
- ☐ Do the BfL audit/assessment tool
- ☐ Refer to the school behaviour policy
- ☐ Create a script and plan responses for a given situation
- ☐ Note down emerging patterns of behaviour – what is happening, why, impact of interventions
- ☐ Consider an undiagnosed neuro-developmental difficulty
- ☐ Consider initiating stage 1 of the concerning behaviours pathway/initiate EHAF (don't necessarily log at this stage)
- ☐ Discuss concerns with Behaviour Lead / SENDCo
- ☐ Nurture practice, unconditional regard

Tier 1: Needs can be met within universal services available to all children.

Main audience: Class teachers, support staff, behaviour lead, SENDCo, parents/carers

Support needed for tasks

- ☐ Match work/task to child's ability
- ☐ Break targets down into small steps
- ☐ Use of 'when' and 'then'
- ☐ Opportunities to work in chosen learning style
- ☐ Appropriate level of expectation and challenge
- ☐ Tasks that give opportunities to succeed
- ☐ Realistic targets
- ☐ Experiential learning that is meaningful
- ☐ Help to recognise and value their achievement
- ☐ Use of restorative approaches
- ☐ Acknowledge the child's feelings
- ☐ Support the child to express and be aware of feelings
- ☐ Use appropriate positive feedback
- ☐ Give clear and agreed behaviour/work expectations
- ☐ Have appropriate demands to build confidence
- ☐ Show the child what the expectations look like – both in tasks and behaviour

Support needed in class/school

- ☐ Clear routines and rules
- ☐ A familiar consistent structure
- ☐ Adults to provide appropriate cues
- ☐ Consistent rewards and logical/natural consequences
- ☐ Consistency between adults
- ☐ Additional support for unstructured times/transitions
- ☐ An ethos and actions that value the child
- ☐ Positive trusted relationship between child and adults, and fair treatment
- ☐ An adult to show them how to meet expectations and understand rules
- ☐ Opportunities and recognition for doing things well
- ☐ Catch them doing things well, appropriate praise
- ☐ Support the child to express and be aware of feelings
- ☐ Predictable responses to behaviour rather than the child
- ☐ Give the child roles or jobs to do
- ☐ Use solution focused strategies
- ☐ A safe, comfortable environment

Support for semh needs

- ☐ Support with developing age-appropriate social skills
- ☐ Physical breaks, fiddle toys
- ☐ Support child to develop emotional vocabulary and express feelings
- ☐ Avoid overwhelming attention, give opportunities to practice dealing with attention e.g. circle time
- ☐ Use of empathy
- ☐ Interventions/support around emotions
- ☐ Having trusted and emotionally available adults
- ☐ Supported paired and co-operative activities
- ☐ Role playing
- ☐ Adult to help child rehearse ways to build friendships
- ☐ Circle of friends, SEAL
- ☐ Signpost to activities outside of school
- ☐ Teach playground games
- ☐ Give opportunities for child to let trusted adult know how they are feeling
- ☐ Have a consistent approach to the child's emotional needs
- ☐ Meet and greet, warm welcome given

Support for health needs

- ☐ Meet needs of any sensory impairment e.g. consider size of print, background noise, display distractions
- ☐ Take account of dietary needs
- ☐ Develop whole class understanding and empathy around nits, incontinence and personal hygiene
- ☐ Activities to help develop speech and language
- ☐ Work with parents/carers to share key health information and concerns
- ☐ Signpost and work with health agencies
- ☐ Adjust classroom routines to facilitate toilet visits or sensory breaks
- ☐ Adjust the physical environment, including seating layout to support needs
- ☐ Use a range of teaching approaches
- ☐ Accommodate resources that support health needs
- ☐ Complete a referral to the Healthy Families Team if needed

De-escalation Ideas

verbal support
give take up time
give the child space
change of adult
reassure the child
success reminders
use help scripts
empathic listening
give choices
sensory support
distract

Tier 2: Needs can be mostly met within universal services but with additional targeted support. Main audience: Class teachers, Pastoral staff/leads, Senior leaders, Behaviour lead, SENDCo, parents/carers



Behaviours seen

Similar behaviours to Tier 1 but increasing in frequency and intensity. In addition, you may see:

- ☐ Needs close adult direction and support to cope with demands
- ☐ Struggles to comply
- ☐ Not interested in learning or work/tasks given
- ☐ Shows aggression in class
- ☐ Daily incidents of inappropriate language e.g. swearing, shouting , making racist, homophobic, disablist and personal comments
- ☐ Bullying behaviours, including spreading malicious rumours, socially isolating others, cyber bullying
- ☐ Regularly withdraws or isolates from social situations
- ☐ Low mood
- ☐ Struggles with punctuality
- ☐ Unexplained absences, periods of poor attendance
- ☐ Impulsive behaviours, may be risky
- ☐ Deterioration in self-care
- ☐ Struggles to make progress despite engaging in learning
- ☐ Finds it difficult to build or sustain stable relationships with others
- ☐ Occasional serious incidents resulting in a fixed-term suspension



Child may feel

bored	frustrated	angry	stupid	overwhelmed	ignored	upset
anxious	confused	a failure	let down	unjustly blamed	jealous	lonely
scared	insecure	unwanted	betrayed	miserable	depressed	sad

embarrassed out of place they have conflicting loyalties they are not emotionally safe



Good Practice

- ☐ Talk to the child about their experiences, feelings and behaviours – what do they want to change, how can the school support them to do this
- ☐ Talk to the child, staff members and parents/carers to understand the likely causes of the behaviour, inside and outside of school; signpost to parenting programmes if appropriate
- ☐ Share observations at staff meetings and agree a consistent approach
- ☐ Create a script and plan empathic responses for a given situation
- ☐ Record and monitor emerging patterns of behaviour – what is happening, why, impact of interventions
- ☐ Consider an undiagnosed neuro-developmental difficulty
- ☐ Involve the child, and parents, in developing and monitoring a tailored plan (IEP/IBP with very SMART targets), possibly look at Pastoral Support Plan
- ☐ Continue on Stage 1 of Concerning Behaviours Pathway, escalate if needed, and/or initiate and log EHAF
- ☐ Complete Boxall Profile and action plan
- ☐ Discuss concerns with Behaviour Lead / SENDCo and parents/carers
- ☐ Staff development on good behaviour management and a relational, trauma-informed approach
- ☐ Liaise with other agencies e.g. PCSO, Family Support Worker, CAMHS, Play Therapy, Speech & Language
- ☐ Consider Springboard referral
- ☐ Look into gaining the Trauma Informed Schools Award and/ or the Mentally Healthy Schools Award
- ☐ Nurture practice, unconditional regard

Tier 2: Needs can be mostly met within universal services but with additional targeted support.
Main audience: Class teachers, Pastoral staff/leads, Senior leaders, Behaviour lead, SENDCo, parents/carers

Support needed for tasks

- ☐ Differentiated tasks appropriate to child's ability/needs
- ☐ Appropriate classroom support – use of class adults, extra equipment, scaffolding etc
- ☐ Targets broken down into small steps
- ☐ Opportunities to work in chosen learning style
- ☐ Appropriate level of expectation and challenge
- ☐ Tasks that give opportunities to succeed
- ☐ Realistic targets
- ☐ Experiential learning that is meaningful
- ☐ Help to recognise and value their achievement
- ☐ Adults who are consistent in giving appropriate rewards and logical/natural consequences
- ☐ Understanding of IEP/IBP and support to work towards targets
- ☐ Solutions focused and restorative approaches
- ☐ Show what the completed task should look like
- ☐ Challenges – how many can you do in 5 minutes?

Support needed in class/school

- ☐ Clear routines and rules, consistently applied
- ☐ A familiar consistent structure
- ☐ Adults to provide appropriate cues
- ☐ Consistent rewards and logical/natural consequences
- ☐ Consistency between adults
- ☐ Increasing support in class and around school
- ☐ An ethos and actions that value the child
- ☐ Positive trusted relationship between child and adults, and fair treatment
- ☐ An adult to show them how to meet expectations and understand rules
- ☐ Opportunities and recognition for doing things well
- ☐ Catch them doing things well, appropriate praise
- ☐ Support the child to express and be aware of feelings
- ☐ Predictable responses to behaviour rather than the child
- ☐ Use restorative approaches
- ☐ Use solution focused strategies
- ☐ An environment that is emotionally and physically safe

Support for semh needs

- ☐ Support with developing age-appropriate social skills
- ☐ Physical breaks, fiddle toys, active learning
- ☐ Support child to develop emotional vocabulary and express feelings
- ☐ Use of empathy and empathic listening
- ☐ Use of Big Empathy Drawing
- ☐ Interventions/support around anger
- ☐ Adults to help child regulate and use breathing to calm
- ☐ Having trusted and emotionally available adult
- ☐ Adult to rehearse ways to build friendships
- ☐ Signpost to activities outside of school
- ☐ Give support to access extra-curricular activities
- ☐ Give opportunities for child to let trusted adult know how they are feeling
- ☐ A consistent approach to the child's emotional needs
- ☐ Flexible consistency
- ☐ Use of PACE (Playfulness, Acceptance, Curiosity, Empathy)
- ☐ Use of Theraplay
- ☐ Support with creative transitions

Support for health needs

- ☐ Meet needs of any sensory impairment e.g. consider size of print, background noise, display distractions, movement breaks
- ☐ Take account of dietary needs
- ☐ Develop whole class understanding and empathy around health needs of child
- ☐ Activities to help develop speech and language
- ☐ Work with parents/carers to share key health information and concerns
- ☐ Signpost to and work with health agencies
- ☐ Adjust classroom routines to facilitate toilet visits or sensory breaks
- ☐ Adjust the physical environment, including seating layout to support needs
- ☐ Contact GP or do supporting letter for parents/carers
- ☐ Accommodate resources that support health needs
- ☐ Complete a referral to the Healthy Families Team if needed

De-escalation Ideas

verbal support
give take up time
give the child space
change of adult
reassure the child
success reminders
use help scripts
empathic listening
give choices
sensory support
distract

Tier 3: Needs can only be met within universal services with additional specialist support.
Main audience: Class teachers, Pastoral staff/leads, Senior leaders, Behaviour lead, SENDCo, parents/carers



Behaviours seen

Similar behaviours to Tier 2 but increasing in frequency and intensity. Behaviours persist despite appropriate tier 2 strategies being in place. Specialist advice/ help likely to be needed. In addition, you may see:

- ☐ Hypervigilant
- ☐ In a state of fear, so may see threatening behaviour, violence or aggression to others
- ☐ Persistent disruptive behaviour
- ☐ Damage to property and environment
- ☐ Physical harm caused to others
- ☐ Criminal activities in or out of school
- ☐ Multiple fixed term suspensions
- ☐ Risk of permanent exclusion
- ☐ Persistent absence
- ☐ Persistent lateness
- ☐ Emotional distress
- ☐ Evidence of self-harm
- ☐ Impulsive, placing self and others at risk
- ☐ Fluctuating moods – anxiety, depression, periods of distress
- ☐ Withdrawal from any social activities or attempts to engage them in activities
- ☐ Unable to care for self
- ☐ Sexualised behaviours



Child may feel

bored	frustrated	angry	stupid	overwhelmed	ignored	upset
anxious	confused	a failure	let down	unjustly blamed	jealous	lonely
scared	insecure	unwanted	betrayed	miserable	depressed	sad
	embarrassed	out of place	they are not emotionally safe			



Good Practice

- ☐ Talk to the child about their experiences, feelings and behaviours
- ☐ Talk to the child, staff members and parents/carers to understand the likely causes of the behaviour, inside and outside of school; signpost to parenting programmes if appropriate
- ☐ Share concerns/work with appropriate professionals e.g. community police, social care, family support
- ☐ Continue to employ Tier 1 & 2 good practice and support for the child
- ☐ Evidence of EHAF, MAM, consider initiating a CAF
- ☐ Contact parents/carers regularly to report positive behaviour as well as incidents
- ☐ Put a Solution Focused Pastoral Support Plan in place, monitor with child and parents/carers
- ☐ Consider an EHC Needs Assessment Request
- ☐ IEP / IBP is in place and reviewed, targets are SMART and understood by the child and parents/carers
- ☐ CRB training in place with restorative conversations after any physical intervention
- ☐ Individual Risk Assessment in place
- ☐ Revisit the school Behaviour Policy – look at ways to make it more Trauma-Informed
- ☐ Consider Educational Psychologist referral, Tier 3 CAMHS referral, SEMH team referral
- ☐ Modifications to curriculum, including use of Alternative Provision
- ☐ Managed move considered
- ☐ Build on staff development on good behaviour management and a relational, trauma-informed approach
- ☐ Record and monitor ongoing patterns of behaviour – what is happening, why, impact of interventions
- ☐ Referral to BPBP panel
- ☐ Look into gaining the Trauma Informed Schools Award or the Mentally Healthy Schools Award

Tier 3: Needs can only be met within universal services with additional specialist support.
Main audience: Class teachers, Pastoral staff/leads, Senior leaders, Behaviour lead, SENDCo, parents/carers

Support needed for tasks

- ☐ Match work/task to child's ability
- ☐ Break targets down into small steps
- ☐ Use of 'when' and 'then'
- ☐ Personalised supported learning
- ☐ Appropriate level of expectation and challenge
- ☐ Tasks that give opportunities to succeed
- ☐ Realistic targets
- ☐ Experiential learning that is meaningful
- ☐ Help to recognise and value their achievement
- ☐ Use of restorative approaches
- ☐ Acknowledge the child's feelings
- ☐ Support the child to express and be aware of feelings
- ☐ Use appropriate positive feedback
- ☐ Give clear and agreed behaviour/work expectations
- ☐ Have appropriate demands to build confidence
- ☐ Show the child what the expectations look like – both in tasks and behaviour

Support needed in class/school

- ☐ Clear routines and rules, consistently applied
- ☐ A differentiated individualised curriculum
- ☐ Adults to provide appropriate cues
- ☐ Consistent rewards and logical/natural consequences
- ☐ Consistency between adults
- ☐ Increasing support in class and around school
- ☐ An ethos and actions that value the child
- ☐ Positive trusted relationship between child and adults, and fair treatment
- ☐ Small group and 1:1 support to implement IEP/ PSP targets
- ☐ Opportunities and recognition for doing things well
- ☐ Catch them doing things well, appropriate praise
- ☐ Support the child to express and be aware of feelings
- ☐ Predictable responses to behaviour rather than the child
- ☐ Use restorative approaches
- ☐ Use solution focused strategies and language
- ☐ A familiar environment that is emotionally and physically safe

Support for semh needs

- ☐ Support child to develop emotional vocabulary and express feelings
- ☐ Use of empathy and empathic listening
- ☐ Interventions around emotions and trauma
- ☐ Having trusted and emotionally available adult, use of "I wish my teacher knew…"
- ☐ Implement Boxall Profile Action Plan
- ☐ Adult to rehearse ways to build friendships
- ☐ Signpost to activities outside of school
- ☐ Give opportunities for child to let trusted adult know how they are feeling
- ☐ Have a consistent approach to the child's emotional needs
- ☐ Play therapy/art therapy/bereavement box
- ☐ Trauma-informed approach
- ☐ Theraplay
- ☐ Nurture
- ☐ Use of sensory circuits
- ☐ Develop creative ways to transition between places

Support for health needs

- ☐ Meet needs of any sensory impairment e.g. consider size of print, background noise, display distractions
- ☐ Take account of dietary needs
- ☐ Emotionally available adults who support mental health needs, use of mental first aid kit
- ☐ Develop peer support
- ☐ Activities to help develop speech and language
- ☐ Work with parents/carers to share key health information and concerns
- ☐ Signpost and work with health agencies
- ☐ Request outreach/support from a Special School
- ☐ Adjust the physical environment, including seating layout to support needs
- ☐ Use a range of teaching approaches
- ☐ Accommodate resources that support health needs
- ☐ Complete a referral to the Healthy Families Team if needed

De-escalation Ideas

verbal support | give the child space | reassure the child | use help scripts | give choices | distract
give take up time | change of adult | success reminders | empathic listening | sensory support

Tier 4: Specialist/statutory services: child with severe and complex special and additional needs which have not been resolved through early intervention, targeted support or single agency specialist service
Main audience: Senior Leadership, Headteacher, behaviour lead, SENDCo, parents/carers



Behaviours seen

Behaviours are complex and require specialist input from different agencies. They will present extreme challenges within the child's school, family, community, support services. School is unlikely to be the lead professional at this level. As well as behaviours seen at Tier 3, you may see:

- ☐ Reacting aggressively in social situations
- ☐ Violent behaviour, requiring physical intervention or restraint
- ☐ Criminal behaviour in and out of school, where the police are involved
- ☐ Rapidly fluctuating moods of depression, anxiety or acute distress requiring therapeutic approaches
- ☐ Extreme communication difficulties
- ☐ Prolonged periods of emotional distress
- ☐ Symptoms of serious mental illness
- ☐ Cannot regulate emotions
- ☐ Poor impulse control which places themselves and others at risk
- ☐ Wetting, soiling, smearing
- ☐ Self-neglect
- ☐ Harmful sexual behaviours
- ☐ Attempted or threatened suicide
- ☐ Fire setting
- ☐ Frequent planned absconding
- ☐ Frequent self-harming
- ☐ Withdrawal from most activities in and/or out of school, including individualised support
- ☐ Developmental trauma
- ☐ Involved in drugs
- ☐ Risk-taking behaviours likely to seriously harm themselves or others
- ☐ Social isolation
- ☐ Significant concentration/ retention difficulties



Child may feel

distressed despondent angry stupid overwhelmed ignored anxious
disillusioned confused a failure let down unjustly blamed jealous lonely
fearful insecure unwanted betrayed miserable depressed
despairing embarrassed out of place they are not emotionally safe



Good Practice

In addition to Tier 3:

- ☐ Evaluate Tier 3 strategies
- ☐ Participate in multi-agency meetings
- ☐ Solution Focused Pastoral Support Plan in place
- ☐ Statutory assessment / EHCP to have been instigated, along with interim or annual review
- ☐ Child-centred IEP in place
- ☐ Individual risk management plan in place
- ☐ Educational Psychologist involvement
- ☐ CAMHS involvement
- ☐ Personalised curriculum, including Alternative Provision
- ☐ Additional therapeutic support e.g. counselling, play therapy, bereavement work
- ☐ Whole school trauma informed approach

Tier 4: Specialist/statutory services: child with severe and complex special and additional needs which have not been resolved through early intervention, targeted support or single agency specialist service
Main audience: Senior Leadership, Headteacher, behaviour lead, SENDCo, parents/carers

Support needed for tasks

- ☐ Personalised instructions
- ☐ Break targets down into small steps
- ☐ Use of 'when' and 'then'
- ☐ Personalised resources linked to interests
- ☐ Targeted support with tasks
- ☐ Tasks that give opportunities to succeed
- ☐ Individual support to respond to instructions and to start and complete activities
- ☐ Any curricula work should be very practical, multi-sensory and individualised, to match age, maturity and emotional/developmental levels.
- ☐ Help to recognise and value their achievement
- ☐ Use of restorative approaches
- ☐ Acknowledge the child's feelings
- ☐ Support the child to express and be aware of feelings
- ☐ Use appropriate positive feedback
- ☐ Give clear and agreed behaviour/work expectations

Support needed in class/school

- ☐ Visual display of expectations, support to follow them
- ☐ A familiar consistent structure
- ☐ 1:1 support in the classroom
- ☐ Consistent rewards and logical/natural consequences
- ☐ Consistency between adults
- ☐ Targeted support for unstructured times/transitions
- ☐ 1:1 support to participate in learning
- ☐ An ethos and actions that value the child
- ☐ Positive trusted relationship between child and adults, and fair treatment
- ☐ Opportunities for small group learning, integrated day
- ☐ Some non-academic activities planned
- ☐ Catch them doing things well, appropriate praise
- ☐ Support the child to express and be aware of feelings
- ☐ Predictable responses to behaviour rather than the child
- ☐ Give the child roles or jobs to do
- ☐ Use solution focused strategies
- ☐ A safe, comfortable environment that is nurture based

Support for semh needs

- ☐ Reduce anxiety – help them feel secure and safe
- ☐ Support child to develop emotional vocabulary and express feelings
- ☐ Opportunities to develop positive touch e.g. Theraplay
- ☐ Safe space out of classroom
- ☐ Use of empathy
- ☐ Interventions/support around emotions and control
- ☐ Having trusted and emotionally available adult
- ☐ Support to regulate
- ☐ 1:1 support to develop friendships/ interact with others
- ☐ Visual timetable to be referred to and warning given of any change in activity/ transition from one activity to another
- ☐ Reassurance and encouragement to develop confidence and independence
- ☐ Rewards/praise for really small steps
- ☐ Give opportunities for child to let trusted adult know how they are feeling
- ☐ Opportunities for small group learning
- ☐ Use of restorative practice

Support for health needs

- ☐ Meet needs of any sensory impairment e.g. consider size of print, background noise, display distractions
- ☐ Take account of dietary and physical needs
- ☐ Emotionally available adults who support mental health needs, use of mental first aid kit
- ☐ Develop peer support
- ☐ Activities to help develop speech and language
- ☐ Work with parents/carers to share key health information and concerns
- ☐ Signpost and work with health agencies
- ☐ Request outreach/support from a Special School
- ☐ Adjust the physical environment, including seating layout to support needs
- ☐ Use a range of teaching approaches
- ☐ Accommodate resources that support health needs
- ☐ Complete a referral to the Healthy Families Team if needed
- ☐ Appropriate health care training completed by staff

De-escalation Ideas

Use of empathy safe spaces help the child express their anger safely use help scripts nature
give take up time calm breathing success reminders empathic listening sensory support